U.S. Department of Education
SEELS Longitudinal Study

Student's School Program Survey

Marking Instructions

Please use a No. 2 pencil or black or blue ink only.

Print legible numbers and capital block letters in the boxes.

Correct Numbers and Letters

1	2	3	A	B	C

Correct Mark ■ X

Incorrect Marks ☑ ⬓ ⊙

Thank you for your help in completing this survey – it is vitally important to the success of this significant U.S. Department of Education study. Study findings will be critical as federal, state and local agencies work to improve the quality of services and results for youth.

Be assured that your answers will be completely confidential; no information will be reported that identifies you, this student, or this school. The SEELS study is authorized to collect data under law 20 U.S.C. 123g;34CFR Part 99.

Gathering the following information will help you complete the questionnaire more quickly:

- This student's school file, including the most recent Individualized Education Program, if applicable, and his or her most recent transcript and course schedule.
- Number of absences for this student during February of this school year
- Number of suspensions and disciplinary actions for this student during this school year.

If you have questions about the study or survey, please:
e-mail us at seels@sri.com,
or call our hotline toll-free at 1-800-961-9895,
or visit our web site at www.SEELS.net.

Again, thank you!

Student's School Program Survey

Today's Date: Month ☐☐ – Day ☐☐ – Year ☐☐☐☐

Are you able to describe the school program for the student named on the front cover?

☐ No ➡ STOP PLEASE PASS THIS QUESTIONNAIRE ON TO THE SCHOOL PROFESSIONAL WHO IS BEST ABLE TO DESCRIBE THE STUDENT'S SCHOOL PROGRAM.

☐ Yes **PLEASE CONTINUE WITH SECTION A.**

A. ABOUT THIS STUDENT'S SCHOOL PROGRAM

A1. **What is the current grade level placement of this student?**
PLEASE MARK ONE BOX.

☐ 1st grade ☐ 2nd grade ☐ 3rd grade ☐ 4th grade ☐ 5th grade ☐ 6th grade
☐ 7th grade ☐ 8th grade ☐ 9th grade ☐ 10th grade ☐ 11th grade ☐ 12th grade
☐ Ungraded

A2. **Approximately how many hours per week does this student attend school? (If this student does not attend school, indicate approximately how many hours of instruction he or she receives in a typical week.)**

☐☐ **Hours per week student attends school**

A3. **Does this student participate in any of the following?**
PLEASE MARK ALL THAT APPLY.

☐ Program for gifted and talented students
☐ Title 1 (compensatory education)
☐ Bilingual education or instruction for English language learners
☐ Summer school during the previous summer
☐ Free/reduced-price lunch program
☐ None of these
☐ Not sure

A4. **Please indicate all the settings in which this student has received instruction this school year for each subject listed below. (Please note: some students may receive instruction in a subject area in multiple settings, such as a resource room and a general education classroom.)** ***PLEASE MARK ALL THAT APPLY FOR EACH LINE. MARK THE BOX "NOT APPLICABLE" IF STUDENT DOES NOT RECEIVE INSTRUCTION IN A SUBJECT AREA.***

SUBJECT AREA	Mark ALL Setting(s) of Instruction: General education classroom	Resource room	Special education self-contained classroom	Individual or homebound instruction	Not applicable
a. Language arts	☐	☐	☐	☐	☐
b. Mathematics	☐	☐	☐	☐	☐
c. Science	☐	☐	☐	☐	☐
d. Social studies	☐	☐	☐	☐	☐
e. Art, music	☐	☐	☐	☐	☐
f. Physical education	☐	☐	☐	☐	☐
g. Life skills	☐	☐	☐	☐	☐
h. Study skills	☐	☐	☐	☐	☐
i. Vocational/prevocational training, industrial arts	☐	☐	☐	☐	☐
j. Social skills instruction	☐	☐	☐	☐	☐
k. Other (please specify):	☐	☐	☐	☐	☐

A5. **Overall, approximately how much time per week does this student currently spend in the following instructional settings?** ***PLEASE ENTER ONE NUMBER ON EACH LINE. ENTER "0" IF NO INSTRUCTION IS RECEIVED IN A SETTING.***

Minutes per week	OR	Hours per week	
☐☐☐☐		☐☐☐	a. General education classroom
☐☐☐☐		☐☐☐	b. Special education resource classroom
☐☐☐☐		☐☐☐	c. Special education self-contained classroom
☐☐☐☐		☐☐☐	d. Individual or homebound instruction

A6a. **At the beginning of this school year, did this student change schools because he or she advanced a grade level (e.g., transitioned from an elementary to a middle school)?**
PLEASE MARK ONE BOX.

☐ No, the student did not change schools because of a grade level transition at the beginning of this year. } **PLEASE GO TO QUESTION A7a, NEXT PAGE.**

☐ Student changed from an elementary to a middle school.
☐ Student changed from a middle school to a high school. } **PLEASE CONTINUE WITH QUESTION A6b.**

A6b. **Which of the following were provided to support this student's transition?**
PLEASE MARK ALL THAT APPLY.

☐ Staff or students from your school visited the sending school to meet with groups of students who were preparing for the transition.
☐ Groups of transitioning students visited your school before school started.
☐ Information was provided to your school staff by the sending school about this student (e.g., student performance information, disability awareness).
☐ Your school staff met with staff of the sending school specifically about this student.
☐ Parent and/or student met with staff of this school before starting school here.
☐ Preparatory strategies were developed specifically for this student (e.g., behavior plans, school scheduling modifications, etc.).
☐ The sending school sent the student's file before the student started school here.
☐ Other: (specify)_____
☐ None of these
☐ Don't know

A6c. **How would you rate the amount of planning and support that were provided this student during this transition?**
PLEASE MARK ONE BOX.

☐ It was more than he/she needed.
☐ It was appropriate to the needs of this student.
☐ This student could have benefited from more transition support.
☐ Don't know

A7a. Will this student change schools at the end of this school year because he or she changes grade levels?

- ☐ No the student will not change schools because of a grade-level transition at the end of this school year. **PLEASE GO TO QUESTION A8a**
- ☐ Student will move from an elementary to a middle school.
- ☐ Student will move from a middle school to a high school.

} **PLEASE CONTINUE WITH QUESTION A7b.**

A7b. Which of the following will be provided to support this student's transition?
PLEASE MARK ALL THAT APPLY.

- ☐ Groups of transitioning students will visit their next school before school starts.
- ☐ Students or staff from the receiving school will visit this school to meet transitioning students.
- ☐ Information will be provided to the receiving school about this student. (e.g., student performance information, disability awareness).
- ☐ Your school staff will meet with receiving school staff about this student.
- ☐ Parent and/or student will meet with staff of the receiving school individually before starting school there.
- ☐ Preparatory strategies will be developed specifically for this student (e.g., behavior plans, school scheduling modifications, etc.).
- ☐ Your school will send this student's file to his or her receiving school.
- ☐ Other: (specify)_____
- ☐ None of these
- ☐ Don't know

A7c. To the best of your knowledge, what school do you expect this student to attend next year?

- ☐ Same school as this year **PLEASE GO TO QUESTION A8a**
- ☐ Different school next year:

Name of new school:

City: **State:**

A8a. Has this student ever had an Individualized Education Plan (IEP) for special education services?

- ☐ Yes **PLEASE CONTINUE WITH QUESTION A8b.**
- ☐ No **PLEASE GO TO QUESTION A9 BELOW.**
- ☐ Don't know **PLEASE CONTINUE WITH QUESTION A8b.**

A8b. Does this student have an IEP for special education service now?

- ☐ Yes **PLEASE GO TO SECTION B, NEXT PAGE.**
- ☐ No **PLEASE CONTINUE WITH QUESTION A8c.**

A8c. In what school year was this student discontinued from special education?
PLEASE RECORD SCHOOL YEAR OR MARK "DON'T KNOW".

- ☐ Don't know

A9. Does this student currently have a "504" plan to provide modifications or accommodations for students with disabilities?

- ☐ Yes **PLEASE CONTINUE WITH SECTION B, NEXT PAGE.**
- ☐ No **PLEASE GO TO SECTION C, PAGE 9.**

B. ABOUT THIS STUDENT'S SPECIAL EDUCATION OR "504" PLAN SERVICES

PLEASE COMPLETE THIS SECTION IF THIS STUDENT CURRENTLY HAS AN IEP FOR SPECIAL EDUCATION SERVICES OR A 504 PLAN. OTHERWISE, PLEASE GO TO SECTION C, PAGE 9.

B1. In **column A**, please mark **ALL** of this student's disabilities.
*PLEASE MARK **ALL** THAT APPLY IN COLUMN A.*

In **column B**, please mark the student's **primary** disability.
*PLEASE MARK **ONE** BOX IN COLUMN B.*

A All disability categories (Mark **ALL** that apply)	B Primary disability category (Mark **ONE**)	
☐	☐	Attention deficit disorder or attention deficit/hyperactivity disorder (ADD or ADHD)
☐	☐	Autism
☐	☐	Deaf-blindness
☐	☐	Deafness
☐	☐	Hearing impairment
☐	☐	Developmental delay
☐	☐	Serious emotional disturbance
☐	☐	Learning disability
☐	☐	Mild mental retardation
☐	☐	Moderate/severe mental retardation
☐	☐	Multiple Disabilities
☐	☐	Orthopedic impairment
☐	☐	Other health impairment
☐	☐	Speech or language impairment
☐	☐	Traumatic brain injury
☐	☐	Visual impairment/blindness
☐	☐	Other: (specify)_____

B2a. **Does the student use any medical devices that require school staff attention during any part of the school day? (Medical devices could include suctioning equipment, oxygen, catheters, etc. Do not include nonmedical devices such as communication devices, electronic equipment, etc.)**

☐ Yes
☐ No

B2b. **Is there an emergency medical plan for this student?**

☐ Yes
☐ No

B3. Which of the following are provided to this student as part of his/her IEP or 504 plan?
PLEASE MARK ALL THAT APPLY.

Accommodations/modifications

- ☐ More time in taking tests
- ☐ Test read to student
- ☐ Modified tests
- ☐ Alternative tests or assessments
- ☐ Modified grading standards
- ☐ Slower-paced instruction
- ☐ Additional time to complete assignments
- ☐ Shorter or different assignments
- ☐ More frequent feedback
- ☐ Physical adaptations (e.g., preferential seating, special desks).
  Please describe:_____

Additional supports & assistance

- ☐ Reader or interpreter
- ☐ Teacher aides, instructional assistants, or other personal aides
- ☐ Student progress monitored by special education teacher or related services provider
- ☐ Peer tutor
- ☐ Tutoring by an adult
- ☐ Behavior management program
- ☐ Learning strategies/study skills assistance
- ☐ Self-advocacy training

Learning aids

- ☐ Books on tape
- ☐ Communication aids (e.g., Touch Talker, manual printing board)
- ☐ Use of a computer for activities not allowed other students (e.g., to produce work other students write, use of a spell checker when other students do not use one)
- ☐ Computer software designed for students with disabilities
- ☐ Computer hardware adapted for student's unique needs (e.g., alternative keyboards, switch interface)
- ☐ Other: (specify) _____

☐ **No additional accommodations, additional support, or learning aids indicated in the IEP or 504 plan**

B4. **For each service listed below, please mark the appropriate box or indicate the approximate number of minutes per week the service was provided to the student through the school system, during the current school year (include services the school contracted from other agencies). Please enter the number of minutes or mark a code for each service. Please do not count the same minutes under more than one service.**

	Not provided	Approximate minutes per week service provided	Don't know
a. Adaptive physical education	☐		☐
b. Audiology	☐		☐
c. Communication services (e.g., instruction in sign language or lip reading, Braille, augmentative communication)	☐		☐
d. Training, counseling, and other supports/services provided to student's family	☐		☐
e. Health service (e.g., administering of medication, oxygen, tracheotomy care, tube feeding, catheterization)	☐		☐
f. Mental health services, personal/group counseling, therapy, or psychiatric care provided to student	☐		☐
g. Occupational therapy	☐		☐
h. One-to-one paraeducator/assistant (e.g., nurse's aide, full-inclusion assistant, behavioral assistant)	☐		☐
i. Physical therapy	☐		☐
j. Social work services	☐		☐
k. Speech or language therapy	☐		☐
l. Vision services	☐		☐
m. Reader or interpreter	☐		☐
n. Additional academic tutoring/remediation by a special education teacher	☐		☐
o. Behavioral intervention	☐		☐
p. Learning strategies/study skills assistance by a special educator	☐		☐
q. Other (specify): _____			

B5. **Did this student receive any of the following services from or through the school system during the current school year, including services contracted from other agencies?**
PLEASE MARK ONE BOX IN EACH ROW.

Yes	No	
☐	☐	a. Special transportation because of disability (e.g., help in travel or special equipment such as lifts, ramps)
☐	☐	b. Assistive technology services/devices
☐	☐	c. Service coordination/case management

B6. For this school year, what are the primary goals for this student?
PLEASE MARK ALL THAT APPLY.

- ☐ Improve overall academic performance
- ☐ Improve academic performance in a specific area: (specify)_____
- ☐ Build social skills
- ☐ Improve appropriateness of general behavior
- ☐ Increase functional skills
- ☐ Improve speech and communication skills
- ☐ Other (specify):_____
- ☐ Don't know

B7a. During this school year, to what extent will this student participate in any mandated standardized test(s)?
PLEASE MARK ONE BOX.

- ☐ There is no such testing at this grade level.
- ☐ Student does not take such tests.
- ☐ Student participates in an alternate assessment, in place of the standardized test.
- ☐ Student participates in most or all of the testing program without accommodations or modifications.

PLEASE GO TO QUESTION B8.

- ☐ Student participates in most or all of the testing program with accommodations or modifications. **PLEASE CONTINUE WITH QUESTION B7b.**

B7b. Which of the following accommodations and/or modifications were or will be provided to this student to participate in mandated standardized tests this school year?
PLEASE MARK ALL THAT APPLY.

- ☐ Different form of test, out-of-level test
- ☐ Reader provided for instructions and/or test items
- ☐ Student responses dictated, written by someone else
- ☐ Shortened test
- ☐ Alternative setting
- ☐ Additional time
- ☐ Alternative format for responding (e.g., pointing, typing, etc.)
- ☐ Braille/large-print version of test
- ☐ Sign language interpreter for giving instructions, etc.
- ☐ Other: (specify)_____
- ☐ Don't know

B8. Who participated in the most recent IEP or 504 plan development or review for this student?
PLEASE MARK ALL THAT APPLY.

- ☐ General education academic subject teacher(s)
- ☐ General education vocational teacher(s)
- ☐ Special education teacher(s)
- ☐ School administrator (e.g., principal, special education director, program coordinator)
- ☐ School counselor or psychologist
- ☐ Related services personnel (e.g., speech therapist/pathologist, occupational therapist, physical therapist)
- ☐ Parent/guardian(s)
- ☐ Student
- ☐ Staff of outside service agency or outside consultant
- ☐ Advocate
- ☐ Other (please specify):_____
- ☐ Don't know

C. ABOUT THIS STUDENT'S PERFORMANCE AND FAMILY SUPPORT

C1. **During the month of February of this year, how many days was this student absent, excluding days suspended? If days aren't available, please indicate the number of classes from which the student was absent.**
PLEASE ENTER EITHER NUMBER OF DAYS OR NUMBER OF CLASSES ON EACH LINE OR MARK "Don't Know." ENTER "0" FOR NONE.

Number of days	OR	Number of classes	Don't Know	
☐☐		☐☐	☐	a. Excused absences
☐☐		☐☐	☐	b. Unexcused absences

C2. **During this school year, how many times has this student experienced the following disciplinary actions?**
PLEASE ENTER ONE NUMBER ON EACH LINE OR MARK "Don't Know." ENTER "0" FOR NONE.

Number of incidents	Don't Know	
☐☐☐	☐	a. Expulsions
☐☐☐	☐	b. Suspensions (may include in-school suspensions)
☐☐☐	☐	c. Disciplinary actions (e.g., referral to the office, detentions, etc.), excluding suspensions or expulsions

C3a. **What grade level in reading and mathematics has this student achieved as of the most recent assessment(s)?**
PLEASE MARK ONE BOX FOR READING AND ONE BOX FOR MATH.

Grade level in: Reading	Mathematics	
☐	☐	No grade level determined
☐	☐	Preschool/Kindergarten
☐	☐	Grade 1
☐	☐	Grade 2
☐	☐	Grade 3
☐	☐	Grade 4
☐	☐	Grade 5
☐	☐	Grade 6
☐	☐	Grade 7
☐	☐	Grade 8
☐	☐	Grade 9
☐	☐	Grade 10
☐	☐	Grade 11
☐	☐	Grade 12 or above

C3b. **Most recent year of reading assessment:** ☐☐☐☐ **(year)**

C3c. **Most recent year of math assessment:** ☐☐☐☐ **(year)**

IF student has a VISUAL IMPAIRMENT please answer question C4. If not, please GO to question C5.

C4. Please indicate how well this student performs each of the following mobility activities. Does he or she do each activity:

Not very well—can do the task only within a familiar routine when there is no novelty introduced, or needs a considerable amount of prompting to do it.

Pretty well—performs the task consistently in at least one setting or inconsistently but well in several settings.

Very well—performs the task well in many settings over a period of time.

*PLEASE MARK ONLY **ONE** BOX ON **EACH** LINE.*	Not very well	Pretty well	Very well	Don't know	Not applicable
a. Travel using a sighted guide to all familiar locations	☐	☐	☐	☐	☐
b. Travel indoors using rotely learned routes	☐	☐	☐	☐	☐
c. Travel to other school areas or other buildings using rotely learned routes	☐	☐	☐	☐	☐
d. Create new routes between familiar places indoors	☐	☐	☐	☐	☐
e. Execute a route, given a set of verbal directions to an unfamiliar location within one building	☐	☐	☐	☐	☐
f. Execute a route, given a set of verbal directions to an unfamiliar location in another building	☐	☐	☐	☐	☐
g. Locate an unfamiliar place by using numbering systems	☐	☐	☐	☐	☐
h. Orient self to an unfamiliar room	☐	☐	☐	☐	☐
i. Solicit help to orient self to a building	☐	☐	☐	☐	☐
j. Solicit help to orient self to a high school campus or to a workplace	☐	☐	☐	☐	☐

C5. During this school year, has this student's parent/guardian(s) attended parent-teacher conferences or "back-to-school night"?
PLEASE MARK ONE BOX .

- ☐ Yes
- ☐ No
- ☐ Not applicable, we do not have parent conferences or "back-to-school night."
- ☐ Don't know

C6. Approximately how often have you communicated with this student's parent/guardian(s) during this school year about his/her progress (by phone, in person, or in writing), excluding routine progress reports or report cards?
PLEASE MARK ONE BOX.

- ☐ Never
- ☐ Once
- ☐ A few times over the school year
- ☐ Once every other month
- ☐ Once a month
- ☐ Once a week or several times a month
- ☐ Every day or several times a week

D. ABOUT YOU

D1. What is your main role in this school?
PLEASE MARK ALL THAT APPLY.

- ☐ General education classroom teacher
- ☐ Special education classroom teacher
- ☐ Resource room teacher
- ☐ Related services provider (e.g., speech therapist)
- ☐ Program specialist (e.g., full inclusion specialist)
- ☐ Case manager
- ☐ School psychologist
- ☐ School counselor
- ☐ Other: (specify)_____

D2. In what capacity (or capacities) are you involved with this student?
PLEASE MARK ALL THAT APPLY.

- ☐ Provide instruction directly to this student
- ☐ Provide related services directly to this student
- ☐ Provide consultation services to student's teacher(s)
- ☐ Provide case management (e.g., program monitoring) for this student
- ☐ Program administrator/supervisor
- ☐ Supervise instructional assistant or paraeducator assigned to work with this student
- ☐ Other: (specify)_____

D3. Approximately how often do you currently provide direct services to this student?
PLEASE MARK ONE BOX.

- ☐ Daily
- ☐ Two to three times per week
- ☐ Once a week
- ☐ Several times per month
- ☐ Once per month
- ☐ Once every two to six months
- ☐ Very rarely
- ☐ Never

D4. Are you proficient in the language or communication mechanism used by this student?

- ☐ Yes
- ☐ No

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE!

Please return it in the postage-paid envelope to:
SRI International
PO Box 6050
Hopkins, MN 55305-9970

Your Name:

Your E-mail:

Your Phone Number:

\- \-

PremierView™ forms by NCS Pearson MM242861-1 654321 Printed in U.S.A.

2861112

SERIAL #